International House of Rhode Island
8 Stimson Ave.
Providence, RI 02906
(401) 421-7181
info@ihouseri.org

International Friendship Program
Student Application

Date:_____

Name: _____
Family Name Personal Name

Age: _____ Date of Birth: _____ Male: ☐ Female: ☐

Nationality:_____ Languages Spoken:_____

Home Address Your Country: _____

_____

Are You Married: Yes / No Is family coming with you: Yes / No

Partner Name: _____Do you have Children: Yes / No

Expected Arrival Date:_____Expected Departure Date: _____

Address in USA if known:_____

_____

Phone: _____ Email:_____

Department at Brown or field of study: _____

Do pets bother you: Yes / No Are you allergic to animals: Yes / No

Do you have any dietary restrictions: _____

Special Interests or hobbies: _____

_____

In order for us to make the best placement for you with a host family,
please tell us a little about yourself:_____

_____

_____

_____